

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?:: NONE
Title:: USE OF COLOSTRININ,
CONSTITUENT PEPTIDES THEREOF,
AND ANALOGS THEREOF AS
INHIBITORS OF APOPTOSIS AND
OTHER CELLULAR DAMAGE
Attorney Docket Number:: 265.00390101
Total Drawing Sheets:: 9

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Hungary
Status:: FULL CAPACITY
Given Name:: Istvan
Family Name:: Boldogh
City of Residence:: Galveston
State or Province of Residence:: TX
Country of Residence:: USA
Street of Mailing Address:: 302 Holiday Drive #17
City of Mailing Address:: Galveston
State or Province of Mailing Address:: TX
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 77550

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: USA
Status:: FULL CAPACITY
Given Name:: G.
Middle Name:: John
Family Name:: Stanton
City of Residence:: Texas City
State or Province of Residence:: TX
Country of Residence:: USA
Street of Mailing Address:: 3026 112th Street North

City of Mailing Address:: Texas City
State or Province of Mailing Address:: TX
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 77591

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: USA
Status:: FULL CAPACITY
Given Name:: Jerzy
Middle Name:: A.
Family Name:: Georgiades
City of Residence:: Houston
State or Province of Residence:: TX
Country of Residence:: USA
Street of Mailing Address:: 9615 Bayou Brook
City of Mailing Address:: Houston
State or Province of Mailing Address:: TX
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 77063

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: USA
Status:: FULL CAPACITY
Given Name:: Thomas
Middle Name:: K.
Family Name:: Hughes, Jr.
City of Residence:: Galveston
State or Province of Residence:: TX
Country of Residence:: USA
Street of Mailing Address:: Route 1
City of Mailing Address:: P.O. Box 225 B-1
State or Province of Mailing Address:: Galveston
Country of Mailing Address:: TX
Postal or Zip Code of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 77554

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: USA
Status:: FULL CAPACITY
Given Name:: Marian

Family Name:: Kruzel
City of Residence:: Houston
State or Province of Residence:: TX
Country of Residence:: USA
Street of Mailing Address:: 13627 LaConcha Lane
City of Mailing Address:: Houston
State or Province of Mailing Address:: TX
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 77083

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 26813

REPRESENTATIVE INFORMATION

Representative Customer Number:: 26813

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/420,369	10/22/02